

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/380310		FILING DATE 81 AUG 1999			
							APPLICANT(S) Ukai					
579-01 1-3-02 CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL CLAIMS	8		21		27							

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PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/380,310</div>		Filing Date			
Applicant(s)							* May be used for additional claims or amendments					
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">9-27-02</div>		AFTER FIRST AMENDMENT <div style="font-size: 1.2em; font-family: cursive;">11-23-03</div>		AFTER SECOND AMENDMENT <div style="font-size: 1.2em; font-family: cursive;">7-26-04</div>							
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This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/380,310</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED <div style="font-size: 1.2em; font-family: cursive;">4-20-05</div>		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		<div style="font-size: 1.2em; font-family: cursive;">4-20-05</div>			
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	<div style="font-size: 1.2em; font-family: cursive;">4-20-05</div>					
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Total Indep	<div style="font-size: 1.2em; font-family: cursive;">10</div>					
Total Depend	<div style="font-size: 1.2em; font-family: cursive;">46</div>					
Total Claims	<div style="font-size: 1.2em; font-family: cursive;">56</div>					

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